

REMARKS

Claims 1-6 are all the claims pending in the application.

Claims 1-6 have been rejected under 35 U.S.C. § 102 as allegedly being anticipated by U.S. Patent No. 5,968,069 to Dusbabek *et al.* (hereinafter “Dusbabek”).

Applicant respectfully traverses this rejection for the following reasons.

The presently claimed invention is directed to a catheter having an elongate body with proximal and distal ends, the body comprising a hollow tubular member wherein one or more sections of the walls of the tubular member in the distal region is corrugated. The present claimed invention also includes a stent wherein a support region is formed over the corrugated section in order to provide supporting retention for a stent placed there over in use.

Dusbabek is relied upon to assertedly teach “a catheter having a support region as claimed.” In this regard, the Examiner refers to Figs. 5-30 of Dusbabek.

However, to be an “anticipation” rejection under 35 U.S.C. §102, the cited reference must teach every element and limitation of the claimed invention. Rejections under 35 U.S.C. §102 are proper only when the claimed subject matter is identically or inherently disclosed or described in the prior art.

Dusbabek does not teach each element of the instantly claimed invention. Dusbabek is deficient with respect to at least the “hollow tubular member [comprising the catheter] wherein at least one section of the walls of said tubular member in the distal region is corrugated.” It is respectfully submitted that the Examiner is mistaken in attempting to correlate the support region taught by Dusbabek to a catheter having one or more sections comprising corrugated walls as recited in the claimed invention.

Applicant notes that Dusbabek is directed to “stent securement devices, most notably positioned between the balloon and the inner shaft of the catheter” (see col. 3, ln 1-3; col. 8, ln. 12-14; col. 26, ln. 1-13, *Dusbabek et al.*) and is not directed to structural manipulation of the inner shaft of the catheter itself. Accordingly, the support region taught by Dusbabek comprises a securement device which is secured over an inner catheter. The securement device may comprise corrugated tubing, but is taught as *mounted on* the inner catheter. Dusbabek does not teach corrugated walls comprising the inner catheter or tubular member of the catheter itself. In the present claimed invention, the corrugated sections are integral parts of the tubular member. Thus, the present invention is immediately structurally distinguishable from the stent delivery system taught by Dusbabek.

Further, the present claimed invention would not have been obvious from Dusbabek. As noted above, Dusbabek fails to teach or suggest a catheter body comprising one or more sections of corrugated walls. Corrugated tubing mounted on a catheter as taught by Dusbabek is immediately distinguishable from a catheter having corrugations within the walls of the catheter itself. Such corrugations confer advantages that corrugations mounted over a usually rigid catheter do not. In particular, the instantly claimed invention provides for greater improved flexibility while still maintaining the ability for additional support structures and a balloon to be provided over it, thereby preserving the functionality and retention characteristics of the catheter.

Thus, Applicant submits that Dusbabek fails to teach or suggest all of the claim limitations as set forth in the present invention. Accordingly, Applicant respectfully requests that the rejections of claims 1-6 under 35 U.S.C. §102(b) be reconsidered and withdrawn.

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,


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